

Return to Civilian Federal Employment From Military Duty

This checklist provides information regarding your USERRA benefits. Please indicate your elections and acknowledgement by placing your **INITIALS** in the spaces provided (*** indicates required initials**). Turn in this election form to HRO-Tech Services. The HRO cannot process actions without this form.

NAME(Printed): _____

SSN: _____

1. USERRA Technician Information and Benefits Rights:

- a. ☐ * I understand the time limits to request reemployment/restoration rights after release from military duty. Upon release from military duty I am responsible for requesting leave through my supervisor. I will provide the HRO Tech Services a copy of my DD 214 and/or amended orders.
- b. ☐ * I request restoration to my federal civilian position on: **DATE):** _____

2. Health Insurance (FEHB):

- a. ☐ N/A – Not applicable
- b. ☐ Terminated or Continued: Not in support of Contingency Operation:
(1) If I elected to terminate FEHB it will be reinstated upon my return to duty.
(2) If I elected to continue FEHB I agreed that the agency recover the premium debt.
- c. ☐ Continued: In support of Contingency Operation:
If I elected to continue FEHB, I will be responsible for premiums upon return to pay and duty status.
- d. ☐ Terminated: In support of Contingency Operation:
If I elected to terminate my FEHB coverage it will be reinstated upon return to duty, unless I delay immediate reinstatement with a signed TRICARE waiver.
- ☐ Terminated and TRICARE Waiver: I terminated my FEHB and do not wish to have it immediately reinstated in order to use Transitional TRICARE. I will sign a TRICARE Waiver.
- e. ☐ * Changes to FEHB: I understand changes must be accomplished within 60 days after my release from military duty.
(1) Change from not previously enrolled in FEHB and would like to enroll.
(2) Change FEHB enrollment from self only to self and family.
(3) Change of current FEHB plan to a different plan.
(4) I retained FEHB during contingency operation. I may request to cancel my FEHB to use Transitional TRICARE.

3. FEDVIP - FSA – FLTCP:

- a. ☐ * I have 60 days after return to duty to enroll in FEDVIP - Dental and/or Vision Insurance (Website).
- b. ☐ * I have 60 days after return to duty, if prior to 1 Oct) to enroll in FSA – Flexible Spending Account (Website)
- c. ☐ I had FLTCP – Federal Long Term Care and will contact LTC Partners to reinstate my direct premiums.

4. Life Insurance (FEGLI, NGAUS or Assurity):

- a. ☐ * I understand if I had FEGLI coverage it continued for 12 months while in a non-pay status, at no cost to me. If I signed the FEGLI waiver to terminate coverage at the end of the 12 months it will be reinstated upon my return to duty. If I elected to retain for additional months, premiums were due and paid directly.
- b. ☐ * I am eligible to enroll for NGAUS life insurance within 31 days upon my return to duty. If I had NGAUS it will be reinstated.
- c. ☐ I had Assurity life insurance. If direct premiums were paid my payroll deductions will begin upon return to duty.

5. Thrift Saving Plan (TSP):

- a. ☐ * I understand upon restoration I may make retroactive contributions and elections. If I wish to make-up missed contributions I must submit a written request within 60 days.
- b. ☐ * I am entitled to received retroactive Agency Automatic 1% contributions. (FERS)
- c. ☐ I did not participate in the Uniformed Services TSP.
* * or
- d. ☐ I contributed to the Uniformed Services TSP. I may receive up to 4% agency matching contributions to my civilian account. I must submit military LESs within 60 days as proof for matching. (FERS)
- e. ☐ Loan - I had a TSP loan which will be administered IAW current TSP Loan Agreement rules in effect. Notification will be made to TSP of my return to duty.

6. Retirement (CSRS/FERS):

- ☐ * I understand that military duty is potentially creditable for civilian retirement purposes. A deposit for the military service will be necessary for civilian retirement credit.

7. Acknowledgement:

- ☐ * I understand it is my responsibility to update my civilian DFAS MyPay account, if changes are necessary for home address, direct deposit, withholding, etc.

I understand the elections I have made above.

(SIGNATURE)

(DATE)

If you have questions, please contact the HRO Tech Services Section at (402) 309-8173, 8190 or 8179.